the same of the sa									Application or Docket Number					
	PATENT	RD	09/868177											
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY /		γ /	OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS								RATE	F	EE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 385		5.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		*			X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		*			X43=			OR	X86=		
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT					+145=			OR	+290=		
* If	the difference	in column 1 is	less than zero, enter "0" ir			column 2	ļ	TOTAL				TOTAL		
CLAIMS AS AMENDED - PART II 6-16-6									<u> </u>		OR		THAN	
	·	(Column 1)	(Column 2) (Column 3)				クフ	SMALL ENTITY		ITY	OR	OTHER SMALL E	N	
NTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	EST BER OUSLY	PRESENT EXTRA		RATE	TIO	DI- NAL EE		RATE	ADDI- TIONAL FEE	
AMENDMENT A	Total	. 13	Minus	* 0	?/	=		X\$ 9=			OR	X\$18=		
	Independent	* /	Minus	***	3		=				OR	X86=		
9	FIRST PRESE	IRST PRESENTATION OF MULTIPLE DEPENDENT CL			CLAIM			+145=			0.0	+290=		
								+ 145=			OR	TOTAL		
							4	ADDIT. FE			OR ,	ADDIT. FEE		
		(Column 1) CLAIMS	1	(Colun		(Column 3)	l r		LAD	D()			ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	AD TIO FE	NAL		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		I	OR	X\$18=		
	Independent	*	Minus	***	01.4114]=		X43=			OR	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM	L	' [+145=			OR	+290=		
									L -			TOTAL	•	
									E L		,	ADDIT. FEEL		
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST											1		ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	AD TIOI FE	NAL		RATE	TIONAL	
	Total	*	Minus	** -		=		X\$ 9=			OR	X\$18=		
	Independent	*	Minus	***		=		X43=			OR	X86=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+					
											OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ADDIT. FEE			
7	f the "Highest Nui The "Highest Num	mber Previously Pa ber Previously Pai	ild For" IN THI 1 For" (Total or	S SPACE is Independe	ent) is the	in 3, enter "3." highest numbe	r foui	nd in the a	appropria	ate box	in col	umn 1.		